Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1.5/2711	$\overline{}$

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY				OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1) (Colu		Joiui	1111 21	TYPE [OR 7		
TOTAL GLAING		20					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED N		UMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			A Ominus 20=			5		X\$ 9=		OR	XS18=	
INDEPENDENT CLAIMS			/_minus 3 =				ŀ	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in o					in c	olumn 2	ľ	TOTAL	 	OR	TOTAL	77.2
CLAIMS AS AMENDED - PART II									L		OTHER	THAN
(Column 1) (Colum					2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	_Y	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CL	AIM			4.45			200	
						•	L	+145=		OR	+290=	
							Α	TOTAL DDIT. FEE	L	OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Column 2	2)	(Column 3)	_				·	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
\ME	Inaependent	*	Minus	***		=		X43=		OR	X86=	
`	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CLA	MIA		H			On		
					,		L	+145=		OR	+290=	
							Al	TOTAL DDIT. FEE	•	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2	2)(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL' PAID FOR	Y	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	##		≐	Г	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┢	X43=		ŀ	X86=	
_ [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						740=		OR	700=		
. 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR ADDIT. FEE												
I	r trie "Highest Nur "he "Highest Num	mber Previously Pa ber Previously Paid	io For⁻ IN THIS I For⁻ (Total or	SPACE is less Independent) is	than the h	3, enter "3." ighest number			ropriate box			